PART B - FEE(S) TRANSMITTAL

JUL 1 0 2006	this form, together w	·	Or	· <u>Fax</u>	P.O. Box 1450 Alexandria, Virg (571)-273-2885	r Patents inia 22313-1450	#
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30996 7590 04/06/2006 ROBERT W. BECKER & ASSOCIATES 707 HIGHWAY 66 EAST SUITE B TIJERAS, NM 87059					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
7/11/2006 FFANAIA3 00000017 10540614					Pamela Knorr/ (Depositor's name)		
					Yanula You (Signature)		
FC:1501 1400.00 DP FC:1504 300.00 DP				July 6, 2006 (Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,614 06/23/2005 Klaus Funk					MAT - 3633	2056	
FITLE OF INVENTION: M	IETHOD AND APPARATU	S FOR THERMAI	LLY TREAT	ING DIS	SK-SHAPED SUBSTR	ATES	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		•	\$300	\$1700 .	07/06/2006
EXAMINER			ART UNIT C		ASS-SUBCLASS		·
COLEMAN, WILLIAM D		2823		438-800000	1		
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. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print c	or type)		
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Mattson Th	hermal Products	GmbH	Dorn	stad	t, Germany		
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the pa	atent):	☐ Individual 【☐ Co	orporation or other private gr	oup entity Government
a. The following fee(s) are enclosed: Solution Solution Solution			4b. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1403 (enclose an extra copy of this form).				
. Change in Entity Status	(from status indicated above					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
The Director of the USPTO NOTE: The Issue Fee and Protects as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate						
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Date July 6, 2006

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